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PRINTED: 07/19/2010 Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A. BUILDING B, WING TN1915 NAME OF PROVIDER OR SUPPLIER 07/15/2010 STREET ADDRESS, CITY, STATE, ZIP CODE MADISON HEALTHCARE 431 LARKIN SPRING RD MADISON, TN 37115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY N 001 120 0-8-6 Initial Comments N 001 This Plan of Correction is the center's credible allegation of compliance. An annual Licensure survey and Complaint Preparation and/or execution of this plan of correction inv∈stigation #'s 25683, 25839, 25898, and does not constitute admission or agreement by the 26036, were completed on July 13, 2010, through provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of July 15, 2010, at Madison Healthcare. correction is prepared and/or executed solely because Deficiencies were cited related to the Licensure it is required by the provisions of federal and state law, sun ey under Chapter 1200-8-6, Standards for Nursing Homes. No Licensure deficiencies were N767 cite I related to the Complaint investigations. It is the practice of this facility to protect 8/17/2010 food from dust, flies, rodents, unnecessary handling, droplet infection, overhead leakage N 767 120)-8-6-.06(9)(i) Basic Services N 767 and other sources of contamination whether (9) Food and Dietetic Services. in storage or while being prepared and served and/or transported through hallways. (i) Food shall be protected from dust, flies, rodents, unnecessary handling, droplet infection, 1. The can opener blade and slot were cleaned of dried and sticky debris, July 13, overhead leakage and other sources of confamination whether in storage or while being 2010. The can opener will be mounted flush pregared and served and/or transported through to the table and sealed to prevent debris from collecting and building on the underside of hallvays. the base by 8/10/2010. 2. July 13, 2010 the blades on the slicer were cleaned of dried debris, the food slide was cleaned of a black greasy smear, and the This Rule is not met as evidenced by: food holder and attachments and cleats were properly cleaned. Based on observation and interview the facility 3. July 15, 2010 the range top burners, backfaile I to maintain kitchen equipment in a sanitary manner. splash were cleaned of blackened debris and spill pan cleaned of dried, bunt food debris, The findings included: and black debris. 4...July 14, 2010 The inside and floor of the Observation on July 13, 2010, beginning at 10:28 reach-in refrigerator, with built-in rack a.m. and 3:45 p.m., of the dietary department containing tray line food items was cleaned equipment revealed the following: of and accumulation of debris. The sanitizer mechanism was immediately The can opener blade and slot had a built-up of dried and sticky debris. The can repaired by an EcoLab technician prior to oper er base was not attached flush to the table the next meal to be served on July 14, 2010

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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(X6) DATE

If continuation sheet 1 of 7

<u>Divisio</u>	n of <u>-lealth Care Fac</u>	ilities				PRINTE	D: 07/19/2010 MAPPROVED
STATEME	NT OF DEFICIENCIES OF C DRRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	R/CLIA MBER:	(X2) MU A. BUILI B. WING		(X3) DATE	
NAME OF	PROVIDER OR SUPPLIER	TN1915		l.		07/	15/2010
	N HEALTHCARE		STREET AD	DDRESS, CIT	Y, STATE, ZIP CODE		13/2010
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(X4) ID PREFIX TAG	REGULATORY OR L	SCIDENTIFYING INFORMA	s	ID PREFIX TAG	HE APPROPRIATE DATE		
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•	REGULATORY OR LSC IDENTIFYING INFORMATION)		N 767	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. N767 Continued and dishes rewashed prior to ensure they were properly sanitized. Re-training of the dietary staff was completed by the Dietary Manager (DM) on July 22, 2010 regarding storing, preparing, distributing and serving food under sanitary condition, preheating steam table and maintaining resident ray line food at or above 140 degrees Fahrenheit (F), documenting dish machine temperatures and test results three times daily, with every meal cycle, and notifying DM immediately of any supplies needed to assure storing, preparing, distribution and serving food are done under sanitary conditions. Failure for staff to follow policy and procedures for storing, preparing, distributions will lead to disciplinary actions up to and including termination.			
1 1 2 1 2	Furth er interview consider had dried debriscont nued interview delide had a black great nolder attachment an attachment continued range top, burners an accu nulation of black nterview confirmed the secont nulation of black nulation and second nulation	s attached to the blac confirmed the silcer for asy smear and the for d cleats had dried partition of interview confirmed to d back-splash had a kened debris. Furthe	de. pod od articles the thick		The DM and Registered Dictician (Review the cleaning schedule on July 2010 and make necessary adjustment DM will re-educate staff August 1.20 regarding cleaning schedule and accountability to follow schedule. The will utilize the Nutrition Services: "QRounds" PI tool five days a week for	29, s. The 010 e DM hrick	

STATEMENT	<u>OF CERCIENCIES.</u>	HAND HUMAN SERVICES & MEDICAID SERVICES				FORM	07/21/2010 APPROVED
STATEMENT OF CEFICIENCIES AND PLAN OF CO RECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED	
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NAME OF PR	OVICER OR SUPPLIER					07/15/2010	
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	T	1417	ADISON, TN 37115		
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This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

N767

N 767 Continued

month or until substantial compliance has been achieved and determine adherence to policy and procedures then 3-5 days a week thereafter. Quick Rounds will be done by the ED weekly. The RD will make weekly rounds with the DM utilizing the Nutrition Services: "Quick Rounds" PI tool each visit and issues identified will be corrected immediately. The DM will complete the Nutrition Services: "Sanitation/Food Safety Checklist", "Evaluation Summary", and "Evaluation Dining Review" PI tools monthly and the RD will review monthly for recommendations as needed. The DM will report the results of these PI tools, along with any corrective and/or disciplinary action to the facility performance improvement committee (Administrator, DNS, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as needed.

8/17/2010

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n of <u>Health Care Fac</u> NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIED IDENTIFICATION NUMBER 1	R/CLIA MBER;	A. SUILD	ING	(X3) DATE	<u> </u>
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det p layer of dried, burnt food debris including a heavy accumulation of black debris on the sur ace of the foil and the surface of the spill pan. Fur iter interview confirmed the reach-in refr gerator, with built-in racks, had an accumulation of debris on the unit floor.			,,,,,	allegation of compliance.		
				does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because		
(9) Food and Dietetic Services (9) Food and Dietetic Services. (j) Prepared foods shall be kept hot (140°F or abo re) or cold (45°F or less). This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain resident tray line food at or abo re 140 degrees Fahrenheit (F).		N 769	u is required by the provisions of federal and	i state law.		
				N 769		8/17/2010
)°F or		It is the practice of this facility for prepared foods to be kept hot (140 F or above) or cold (45 F or less).		:
		acility t or		July 22, 2010 regarding storing, prep	aring,	
The findings include	d:			distributing and serving food under sanitary condition, preheating steam table and		
cool obtaining the food temperatures. Observation revealed the chicken livers in gravy were: 130 degrees F, potato wedges were 140 degrees F, pureed potatoes and pureed meat were: 120 degrees F. The food items were removed at 11:43 a.m. to be reheated in the main kitchen. Observation on July 14, 2010, at 11:54 a.m. revealed the food items placed back in the Rub r Room dining room steam table. Observation revealed the dietary cook obtaining the following temperatures: potato wedges and pureed meat were 120 degrees F. Further observation revealed two steam table wells were set on 4 and the center well was set on 5 of 7 levels (7 being the hoftest setting). Further				documenting dish machine temperatures and test results three times daily, with every meal cycle, and notifying DM immediately of any supplies needed to assure storing, preparing, distribution and serving food are done under sanitary conditions. Failure for staff to follow policy and procedures for storing, preparing, distributing, and serving food under sanitary conditions will lead to disciplinary actions up to and including termination. The DM and Registered Dietician (RD) will review the cleaning schedule on July 29, 2010 and make necessary adjustments. The		
	PROVIDER OR SUPPLIER NHI :ALTHCARE SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pander player of dried, heavy accumulation surface of the foil are Funder interview confer genator, with build accumulation of deta 1200-8-6-,06(9)(j) B (9) Food and Dieter 1200-8-6-,06(9)(j) B (9) Food and Dieter (j) Prepared foods above) or cold (45°F) This Rule is not me Based on observation failed to maintain reseable of 140 degrees. The findings includes The findings includes Observation on July the Ruby Room dining the foods avaiton revealer were: 130 degrees F, pureed pure es F, pureed pu	TN1915 PROV DER OR SUPPLIER ON HI :ALTHCARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PREGULATORY OR LSC IDENTIFYING INFORMATION OF LIGHT INFORMA	PROV DER OR SUPPLIER N HI ALTHCARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Co titinued From page 2 dee p layer of dried, burnt food debris including a heavy accoumulation of black debris on the sur ace of the foil and the surface of the spill pan. Fur iter interview confirmed the reach-in refr gerator, with built-in racks, had an accumulation of debris on the unit floor. 12C 0-8-6-,06(9)(j) Basic Services (g) Frod and Dietetic Services. (g) Prepared foods shall be kept hot (140°F or above) or cold (45°F or less). This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain resident tray line food at or above 140 degrees Fahrenheit (F). The findings included: Observation on July 14, 2010, at 11:34 a.m., in the Ruby Room dining room revealed the dietary cool obtaining the food temperatures. Observation revealed the chicken livers in gravy were: 130 degrees F, potato wedges were 140 degrees F, pureed potatoes and pureed meat were: 120 degrees F. The food items were remisted at 11:43 a.m. to be reheated in the main kitchen. Observation on July 14, 2010, at 11:54 a.m., revealed the food items placed back in the Rub / Room dining room steam table. Observation revealed the dietary cook obtaining the 10llowing temperatures: potato wedges and pureed meat were 120 degrees F. Further observation revealed two steam table wells were set on 4 and the center well was set on 5 of 7 leve s (7 being the hoftest setting). Further observation revealed the wells and burners were not to to the touch.	This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain resident tray line food at or abo re 140 degrees Fahrenheit (F). The findings included: Observation on July 14, 2010, at 11:34 a.m., in the iRuby Room dining room revealed the dietary cool observation revealed the chicken livers in gravy were: 130 degrees F, potato wedges were removed at 11:43 a.m. to be reheated in the main kitch en. Observation on July 14, 2010, at 11:54 a.m., revealed the food items placed back in the Rub r Room dining room steam table. Observation revealed the dietary cook obtaining the 10llowing temperatures: potato wedges and purced meat were 120 degrees F. Further observation revealed the dietary cook obtaining the conditions revealed the dietary cook obtaining the 10llowing temperatures: potato wedges and purced meat were 120 degrees F. Eurther observation revealed the dietary cook obtaining the 10llowing temperatures: potato wedges and purced meat were 120 degrees F. Further observation revealed the dietary cook obtaining the 10llowing temperatures: potato wedges and purced meat were 120 degrees F. Further observation revealed the dietary cook obtaining the 10llowing temperatures: potato wedges and purced meat were 120 degrees F. Further observation revealed the dietary cook obtaining the 10llowing temperatures: potato wedges and purced meat were 120 degrees F. Further observation revealed the wells and burners were not 1 ot to the touch.	IN HI ALTHCARE STHEET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MODISON, TN 37115 SUMMARY STATEMENT OF DEPLIEMCIES SUMMARY STATEMENT OF DEPLIEMCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR USC IDENTIFYING INFORMATION) CO titinued From page 2 dee p layer of dried, burnt food debris including a hea vy accumulation of black debris on the sur ace of the foil and the surface of the spill pan. Fur iter interview confirmed the reach-in refr gerator, with built-in racks, had an accumulation of debris on the unit floor. 12C 3-8-6-06(9)(j) Basic Services (g) Food and Dietetic Services. (j) Prepared foods shall be kept hot (140°F or above) of or cold (45°F or less). This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain resident tray line food at or above 140 degrees Fahrenheit (F). The findings included: Observation on July 14, 2010, at 11:34 a.m., in the Ruby Room dining room revealed the chicken livers in gravy were: 130 degrees F, potato wedges were 140 degrees F, potato wedges and pursed meat were: 120 degrees F, the food items were removed at 11:43 a.m., to be reheated in the main kitchen. Observation on July 14, 2010, at 11:54 a.m., in the Ruby Room dining room revealed the dietary cook obtaining the Islowing temperatures: potato wedges and pursed were: 120 degrees F, Urther observation on July 14, 2010, at 11:54 a.m., revealed the dietary cook obtaining the Islowing temperatures: potato wedges and pursed were: 120 degrees F, Urther observation on July 14, 2010, at 11:54 a.m. revealed the dietary cook obtaining the Islowing temperatures: potato wedges and purse	Description Description Number: This product of the specific part of the

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N 770	Observation on July revealed the Mainte operational status of Roc m dining room. Interview with the Diduring the cook obtaining the construction of the chicked degrees F, potato with the cook of th	of 14, 2010, at 12:05 phance Director check fithe steam table in the 10, beginning at 11:3 an livers in gravy were edges were 140 degrect phanced to be reheated the lowest acceptal and the lowest acceptal are interview confirmed to the dining operatures of 120 degrectured to the dining operatures of 120 degrectured to the steam and 5 of 7 and the west to the touch. Asintenance Director as strator at 1:30 p.m., of Room dining room, able was operating prinutes to heat before in order to maintain the sic Services. Services	ent s, and ne Ruby 34 a.m. e 130 rees F, 120 e potato dole I the room grees F at. table lls and st 12:05 on July roperly food e	N 769	This Plan of Correction is the center's creatilegation of compliance. Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. The correction is prepared and/or executed sole it is required by the provisions of federal and accountability to follow schedule. I will utilize the Nutrition Services: "Rounds" PI tool five days a week for month or until substantial compliant been achieved and determine adhere policy and procedures then 3-5 days thereafter. Quick Rounds will be done ED weekly. The RD will make week rounds with the DM utilizing the Nutrition Services: "Quick Rounds" PI tool eated issues identified will be corrected immediately. The DM will complete Nutrition Services: "Sanitation/Food Checklist", "Evaluation Summary", "Evaluation Dining Review" PI tools monthly and the RD will review more recommendations as needed. The DM will report the results of the tools, along with any corrective and/odisciplinary action to the facility performance improvement committee (Administrator, DNS, Maintenance Supervisor, and Medical Director at It quarterly) at its monthly meeting for and recommendations as needed.	f correction to by the conclusions the plan of ely because and state law. The DM Quick or one ce has ence to a week ne by the skly strition sch visit ad the Safety and separately and se	8/17/2010	
	or in sulated containe	rs, shall be used.	y units				:	

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STATEMEN	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		R/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
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N 770	Cor tinued From page	ge 4		N 770			<u> </u>	
	This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain a dietary department two door rear h-in refrigerator in a safe operational manner. The findings included:				This Plan of Correction is the center's credit allegation of compliance. Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or a set forth in the statement of deficiencies. The correction is prepared and/or executed soles it is required by the provisions of federal and.	Correction by the conclusions e plan of ly because		
	Observations on July 13, 2010, at 10:30 a.m., and 3:45 p.m., and July 14, 2010, at 7:53 a.m., and 1:40 p.m., revealed a two door reach-in refri jerator, with built-in racks, containing tray line items and produce, had pooled water on the floor of the unit and on the rungs of the racks. Further observation revealed water on the floor and coming out of the bottom of the door onto the floor in front of the unit. Interview with the Dietary Manager, present during the observation, on July 13, 2010, at 10:30 a.m. confirmed the two door reach-in refrigerator, with built-in racks, containing tray line items and produce, had pooled water on the floor of the unit and on the rungs of the racks and had water coming out of the door onto the floor. Further interview revealed the maintenance staff had worked on it prior and the problem was concensation build-up. Interview with the Maintenance Director, on July, 13, 2010, at 3:45 p.m., and July 14, 2010, at 1:38 p.m. in front of the two door reach-in refrigerator, with built-in racks, containing tray line items and produce, confirmed the unit was not processing the condensation and the condensation was building up and pooling on the floor and rungs.			It is the to have appropriate equipment temperature maintenance, such as he cold serving units or insulated containshall be used. The Maintenance Director (MD) maintemporary repair to the two door read refrigerator and called the Hobart Serefrigeration technician. A new two creach-in was ordered July 26, 2010 a "maintenance emergency" per facility "Capital Budget Request and Standar Requisition Form" #J741616. The DM will complete "work orders' MD on equipment found not operating properly and give a copy to the Executive Director (ED). The MD will advise the of dietary equipment not in safe operation and an action plan to get the equipment to working order. The Prev Maintenance (PM) schedule will be fit to assure essential mechanical, electricand patient care equipment is in a safe operating condition. The PM program schedule will be maintained by the M MD will report the results of PMs per	ot and iners, de a ch-in rvice loor s a y rd r for the egutive ne ED ating e ventive collowed cal, e	8/17/2010		
N 771	120(-8-606(9)(k) B	asic Services		N 771	according the PM program schedule s with any corrective and/or disciplinar	long		

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 07/21/2010 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF D !FICIENCIES AND PLAN OF COFRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING B. WING 445075 07/15/2010 NAME OF PROVICER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON HEALTHCARE MADISON, TN 37115 SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE FRECEDED BY FULL (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG FEGULATORY OR LSC IDENTIFYING INFORMATION)

TAG

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CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

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action to the facility performance improvement committee (Administrator, DNS, ADNS, SDC, Social Service. Activities Director, Case Manager, MDS Coordinator, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as needed.

8/17/2010

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		 (9) Food and Dietetic Services. (k) All nursing homes shall have commercial automatic dishwashers approved by the National Sar Itation Foundation. Dishwashing machines shall be used according to manufacturer specifications. 				This Plan of Correction is the center's cred allegation of compliance.	ible		
						Preparation and/or execution of this plan of does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. The correction is prepared and/or executed sole it is required by the provisions of federal and	ion or agreement by the facts alleged or conclusions facticiencies. The plan of		
		This Rule is not me Based on observation failed to sanitize dish dish machine. The findings included Observation, on July revealed the dish mastaff were stacking of Observation of the meconomendation reviews on the aminimum million). Observation employee working the obtained a test strip working the obtained a test strip working the distribution of the dissanitizer results. Intensiew, with the dissanitizer results, on John med both test struined a vial of test standing a vial of test standing a vial of test of the dissanitizer results.	on and interview the fines processed through the processed the processed the chlorine same of 50 ppm (parts per processed the dietary endictive of the manufacturer's edictive side of the manufacture of the manufacture of the same employee that he same employee the same test strip which the same employee that the same employee that the same employee the same that	n., on and its. nitizer r chine lits. ch also hing the p.m., ults. had ago ise s nager		It is the practice of this facility to hat commercial automatic dishwashers a by the National Sanitation Foundation Dishwashing machines shall be used according to manufacturer specificate. The sanitizer mechanism was immediated by an EcoLab technician printhe next meal to be served on July 14 and dishes rewashed prior to ensure twere properly sanitized. Re-training of the dietary staff was completed by the Dietary Manager (I July 22, 2010 regarding storing, prepidistributing and serving food under secondition, preheating steam table and maintaining resident ray line food at cabove 140 degrees Fahrenheit (F), documenting dish machine temperaturest results three times daily, with everycle, and notifying DM immediately supplies needed to assure storing, predistribution and serving food are done sanitary conditions. Failure for staff to follow policy and procedures for storic	pproved on. ions. liately ior to l, 2010 they DM) on aring, anitary res and ry meal of any paring, under one,	8/17/2010	
_] [of the the "ruined strip revea ed the dish mad	chine temperatures a	nd test		preparing, distributing, and serving for under sanitary conditions will lead to			
ision		Ith Ca a Facilities		<u>i</u>			ľ	ľ	

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N 771	Continued From pa	ge 6		N 771	Ť.		<u> </u>
	results were to be documented three times daily, with every meal cycle.				This Plan of Correction is the center's cree allegation of compliance.	lible	
	results were to be documented three times daily, with every meal cycle. Interview, with the Dietary Manager, present during the dish machine operation observations, on July 14, 2010, at 1:38 p.m., confirmed the test strip is revealed no results indicating no sanitizer in the sanitizer cycle of the dish machine operation. Further interview revealed there were no dish machine log documentation of the wash and rinse tem peratures or the test strip results. Interview, with the Maintenance Director, on July 14, 2010, at 1:40 p.m., revealed the dish machine sani izer mechanism had malfunctioned and was not pumping the santizer into the machine.			Preparation and/or execution of this plane does not constitute admission or agreement provider of the truth of the facts alleged or set forth in the statement of deficiencies. To correction is prepared and/or executed so it is required by the provisions of federal and termination. The DM and Registered Dietician (I review the cleaning schedule on July 2010 and make necessary adjustment DM will re-educate staff August 1. regarding cleaning schedule and accountability to follow schedule. The will utilize the Nutrition Services: "Rounds" PI tool five days a week for month or until substantial compliance been achieved and determine adhere policy and procedures then 3-5 days thereafter. Quick Rounds will be done ED weekly. The RD will make week rounds with the DM utilizing the Nut Services: "Quick Rounds" PI tool ear and issues identified will be corrected immediately. The DM will complete Nutrition Services: "Sanitation/Food Checklist", "Evaluation Summary", a "Evaluation Dining Review" PI tools monthly and the RD will review mon recommendations as needed. The DM will report the results of thes tools, along with any corrective and/o	thy the conclusions he plan of ely because and state law. ling RD) will y 29, ats. The 2010 he DM Quick one has need to a week as week as week as week as the ly trition ch visit of the Safety and thly for		
Ision of Heal	lh Ca e Facilities				disciplinary action to the facility		
even or USSI	io oa e racii(lês						

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1 2 : 10 - EMCM DE F = EMM	TATEMENT OF C EFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING				OMB NO. (X3) DATE SL COMPLE	
NAME OF PROVICER OF	9 St 10 pt 12 p	445075	8. WING _		07/4	5/2010
MADISON HEALTH	ICARE		4	EET ACORESS, CITY, STATE, ZIP COI 31 LARKIN SPRING RO ADISON, TN 37115	DE	5/2010
PRÉFIX EACH	SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY FULL FEGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SUCHERS	(X5) COMPLETION DATE

This Plan of Correction is the center's credible allegation of compliance,

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of defliciencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

N 771

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performance improvement committee (Administrator, DNS, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as needed.

8/17/2010

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